



ANZCA and FPM CPD Program

Patient experience survey (anaesthesia) - form

A voluntary, quality improvement activity



Thank you for agreeing to complete this survey. The purpose of this survey is to understand your experiences to help your anaesthetist improve their services to their patients.

The administrator who has given you this form is doing so on behalf of your anaesthetist who is participating in this voluntary activity as part of the Australian and New Zealand College of Anaesthetists (ANZCA) and Faculty of Pain Medicine (FPM) Continuing Professional Development (CPD) program.

Your feedback is confidential

Please give the completed form back to the administrator (named below) so they can summarise the results from all the individual patient forms onto a summary sheet. Please be assured that you will not be identified, as the anaesthetist will only receive the summarised results and the administrator will confidentially dispose of your individual form.

Administrator's name: _____

Date of surgery: ___/___/___		Today's date: ___/___/___					
Your anaesthetist's name: _____							
Please tell us your gender:							
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	18-24	25-34	35-44	45-54	55-64	65-74	75 or older
<i>For the questions below, please answer yes or no and where indicated choose a rating from 1 to 5, where:</i>							
  1 is poor 5 is excellent							
Please rate your anaesthetist for the following behaviours:							
1. Did you have pain before surgery?						Yes <input type="checkbox"/> / No <input type="checkbox"/>	
2. Was your anaesthetist involved in managing your pain before surgery?						Yes <input type="checkbox"/> / No <input type="checkbox"/>	
If yes, how well do you think we managed your pain?						1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Are there any comments you would like to make?							

3. Did you feel like you had time to ask your anaesthetist questions before your surgery?

Yes No

If yes, how well were those questions answered?

1 2 3 4 5

Are there any comments you would like to make?

4. Did you understand the information about your anaesthetic that was given to you before your surgery?

Yes / No

If yes, how useful did you find the information?

1 2 3 4 5

Are there any comments you would like to make?

5. Did you feel like your anaesthetist listened to you?

Yes / No

Are there any comments you would like to make?

6. Did you feel rushed?

Yes / No

Are there any comments you would like to make?

7. Did you feel scared or anxious before your surgery?

Yes / No

If yes, how well did your anaesthetist manage your fear and anxiety?

1 2 3 4 5

Comments

8. Did your anaesthetist explain to you how you might feel after the surgery?

Yes / No

Comments

9. Did you feel nauseated and/or vomit immediately after the surgery?

Yes / No

If yes, how well was it treated?

1 2 3 4 5

Comments

10. Were you in pain after the operation?

Yes / No

If yes, how effective was your pain treatment?

1 2 3 4 5

Comments

11. Were you cold or shivering after the surgery?

Yes / No

If yes, how well was it managed?

1 2 3 4 5

Comments

12. If you had a positive experience, please tell us about it.

Comments

13. If you had a negative experience, please tell us about it.

Comments

14. Do you have any suggestions about how your care could have been improved?

Comments